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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
Practitioners associated with the Customer Numb		mer Number:	25096			
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
Name		Registration Number				Registration Number
as allormey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned eggly to the undersigned according to the USPTO assignment records or assignment documents activated to the form a accordance with 20 TCR x 27(8).						
Please change the correspondence address for the application of the address associated with Customer Number:			on identified in		statement under 3	37 CFR 3.73(b) to:
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Assignee Name and Address: So. Pak Pte, LLC 2711 Centerville Rd., Suite 400 Wilmington, DE 19808						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTOISB96 or equivalent) is required to be fitted in each application in which this form is used. The statement under 37 CFR 3.73(b) (pln my be completed by one of the practitioners appointed in this form if the appointed practitioners is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.						
SIGNATURE of Assignee of Record The individual whose gignature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Meli de	and title is supp.		Date 5/4	1/n	bar.
Name	Melissa Coleman			Telephone	7	
Title	Authorized Person for So	. Pak Pte., L				